



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **PHYSICAL HEALTH ASSESSMENT**

**Effective Date:** July 13, 2009

**Policy #:** PH-06

**Page 1 of 3**

**I. PURPOSE:** To provide guidelines for assessing patients' medical needs while they are at Montana State Hospital.

**II. POLICY:**

- A. A comprehensive medical history and physical health assessment will be completed for each patient admitted to Montana State Hospital. For patients who remain hospitalized for extended periods, a physical examination will be repeated at least annually.
- B. Significant findings from the physical health assessment process will be used in the treatment planning process.
- C. All Physical Health Assessments become a permanent part of the medical record.

**III. DEFINITIONS:** None

**IV. RESPONSIBILITIES:**

- A. Physicians are responsible for completing physical health assessments according to policy.
- B. The Medical Clinic is responsible for tracking when the annual health assessment is due.

**V. PROCEDURE:**

- A. Admission Physical Health Assessment
  - 1. The admission Physical Health Assessment includes a medical history and physical examination performed by a primary care physician within forty-eight (48) hours of admission.
  - 2. If a patient's psychiatric acuity prevents completing a full history and physical, an evaluation will be done from the available records, accompanying information and observations. The patient will then be rescheduled for a complete assessment within the next seven days.

3. The Medical History will include:
  - a) History of present illness.
  - b) Past medical history (surgeries, injuries, illnesses, hospitalizations, immunizations when indicated or available, infectious and communicable diseases, major tests, such as MRI or CT);
  - c) Medication history and allergies;
  - d) Social History including use of alcohol and drugs/tobacco;
  - e) Family medical history.
  - f) Review of systems.
4. The Physical Examination will be a complete head-to-toe assessment including a neurological examination. See the attached format (Attachment A) for the Physical Examination.
5. Documentation of the physical health assessment will conclude with a summary, impressions, and any identified problems or needs which will be specifically deferred until after discharge.

**B. Annual Physical Health Assessment**

1. Every long-term patient will be scheduled for a complete physical health assessment at least annually.
2. If the patient repeatedly refuses to cooperate, a limited evaluation will be done using information in the medical record, communication with staff, and those examination procedures which can be completed.
3. The annual assessment is not limited to, but will include:
  - a) Review of medical history over the past year;
  - b) Review of systems,
  - c) Review of most recent physical examination,
  - d) A physical examination, and

<b>PHYSICAL HEALTH ASSESSMENT</b>	<b>Page 3 of 3</b>
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- e) Treatment planning related to physical health deficits and/or maintenance needs.

### C. Laboratory and Diagnostic Services

1. The physical health assessment process may result in the need for laboratory and other invasive diagnostic and imaging procedures for baseline purposes or in response to specific findings. The primary care physician will order tests in accordance with the standard of care/clinical need.

#### D. Documentation

1. All History and Physical Examinations are dictated and become a permanent part of the medical record.
2. Ongoing medical treatment issues will be documented in the Consultation section of the medical file. Orders and instructions for follow-up will be written on the Physician Order Sheets.

## VI. REFERENCES: None

**VII. COLLABORATED WITH:** Medical Clinic Physicians, Director of Information Resources

**VIII. RESCISSIONS:** #PH-06, *Physical Health Assessment* dated August 22, 2006; #PH-06, *Physical Health Assessment* dated March 31, 2003; #PH-06, *Physical Health Assessment* dated February 14, 2000; H.O.P.P. #PH-03-96-N, *Physical Health Assessment*, May 8, 1996

**IX. DISTRIBUTION:** All hospital policy manuals

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

## **XI. FOLLOW-UP RESPONSIBILITY: Medical Director**

**XII. ATTACHMENTS:** None

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Ed Amberg Date  
Hospital Administrator

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Thomas Gray, MD Date  
Medical Director

